

MINNESOTA LIFE

BENEFICIARY DESIGNATION AND CHANGE REQUEST

Minnesota Life Insurance Company • 400 Robert Street North • St. Paul, Minnesota 55101-2098

POLICY NUMBER 50166	INSURED	ROUTE TO: B2-4256
INSURED'S TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER/CONTRACT ID	

Print owner's name and address below. New address ☐

INSTRUCTIONS:

1. Choose the beneficiary type (Select only one):

- ☐ Plan Default (paid in the following order: spouse, natural and legally adopted children, parents, estate).
Stop, if this option is checked, do not complete step 2, go to step 3.
- ☐ Revocable Beneficiary. If you select a revocable beneficiary, you may change the beneficiary at any time without the beneficiary's consent. Beneficiaries are revocable unless otherwise noted.
- ☐ Irrevocable Beneficiary. If you select an irrevocable beneficiary, you may not change the beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the contract; therefore, the contract holder cannot exercise certain rights without the permission of the irrevocable beneficiary.

2. Print or type in the space below, the full name, relationship to the insured, share % and social security number of each beneficiary to be named.

3. Sign and date the completed form and return it to Minnesota Life. Use one form for each policy.

Call 1-877-215-1489 with questions.

CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally unless otherwise specified. "Children," used without modification, includes only lawful bodily issue of first generation and legally adopted person. Right is reserved to revoke and change any beneficiary not designated irrevocable. Any policy requiring policy endorsement is waived. This designation, when acknowledged by the Company at its Home Office, is in lieu of endorsement.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary.

Primary beneficiary(ies)

(see examples on following page)

BENEFICIARY NAME	RELATIONSHIP	SHARE %	SOCIAL SECURITY NUMBER

Contingent beneficiary(ies)

BENEFICIARY NAME	RELATIONSHIP	SHARE %	SOCIAL SECURITY NUMBER

SIGNATURE

POLICYOWNER'S SIGNATURE

X

DATE

X

EXAMPLES OF BENEFICIARY DESIGNATIONS

- If there is only one person designated, you need not designate a contingent. For example: Jane Doe, wife.
- If naming a Formal Trust, the following information is needed:

Full Name of Trustee	Address (if Institution)
Name of Trust	Date of Trust

Example 1: If only one person is to receive the proceeds.

	BENEFICIARY NAME	RELATIONSHIP TO INSURED	SHARE %	SOCIAL SECURITY NUMBER
Primary	Mary Doe	Daughter	100%	123-45-0000

Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.

	BENEFICIARY NAME	RELATIONSHIP TO INSURED	SHARE %	SOCIAL SECURITY NUMBER
Primary	Jane Doe	Wife	100%	123-45-6789
Contingent	The then living child or children born of the Insured's marriage with the said Jane Doe.			

Example 3: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds equally, if the primary beneficiary is deceased.

	BENEFICIARY NAME	RELATIONSHIP TO INSURED	SHARE %	SOCIAL SECURITY NUMBER
Primary	Jane Doe	Wife	100%	123-45-6789
Contingent	Nancy Doe	Sister	50%	026-55-6000
Contingent	Jim Doe	Father	50%	126-55-6800

Example 4: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds according to a specific split, if the primary beneficiary is deceased.

	BENEFICIARY NAME	RELATIONSHIP TO INSURED	SHARE %	SOCIAL SECURITY NUMBER
Primary	Mary Smith	Friend	100%	421-45-6789
Contingent	Beth Doe	Daughter	75%	126-55-6799
Contingent	Jack Doe	Son	25%	126-55-7800

Example 5: If beneficiary is a formal trust.

	BENEFICIARY NAME	RELATIONSHIP TO INSURED	SOCIAL SECURITY NUMBER
Primary	John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement . Executed by the insured on June 1, 1991.		

DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.